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Please circulate among dispensing staff.

Season's Greetings from the staff at PharmaCare.

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Executive Director, PharmaCare

We are pleased to announce that Suzanne Solven, formerly the Senior Pharmacist with PharmaCare, has been appointed as PharmaCare's Executive Director. Suzanne has been PharmaCare's Acting Executive Director since May 2003.

Fair PharmaCare - Monthly Deductible Payment Option

Patient information sheets regarding the new Monthly Deductible Payment Option are available on the PharmaCare Web site (Newsletter page) in English, French, Chinese and Punjabi.

To order printed pads of these forms, please contact the PharmaNet HelpDesk.

Fair PharmaCare Plan - Annual Update

As of December 13, 2004, over 1.3 million families are registered for the Fair PharmaCare plan. During 2004, over 25.4 million Fair PharmaCare prescriptions were processed.

Fair PharmaCare Deductibles for 2005

On January 1, 2005, PharmaNet will be updated to reflect deductibles and family maximums for 2005 for all individuals and families registered under the Fair PharmaCare plan. Deductible accumulations for all registrants will be set to zero. Fair PharmaCare assistance levels for 2005 are based on family net income for 2003.

Deductible Information for 2005

A *Confirmation of Financial Assistance* is issued after a family registers for the Fair PharmaCare plan. While specific family deductible information cannot be provided on the telephone, the following information is available:

- A registrant can obtain an estimate of their level of assistance by using the Fair PharmaCare Benefit Calculator on the PharmaCare Web site at www.healthservices.gov.bc.ca/pharme.
- If a registrant contacts the Fair PharmaCare Registration Desk and provides their family net income information for the 2003 tax year, an estimate of their deductible for 2005 can be provided (Contact the Registration Desk toll-free at 1-800-387-4977, Monday to Friday, from 8 a.m. to 8 p.m., or Saturday and Sunday, from 8 a.m. to 4 p.m.)
- At any time on or after January 1, 2005, a registrant may visit the PharmaCare Web site at www.healthservices.gov.bc.ca/pharme or telephone the Registration Desk at 1-800-387-4977, to request that a Confirmation of Financial Assistance for 2005 be mailed to them.

Retroactive Reimbursements for 2004

Individuals or families who exceeded the Fair PharmaCare deductible between January 1, 2004 (or the date on which their Medical Services Plan coverage became effective, whichever is later) and the date their Fair PharmaCare registration for 2004 was processed, will be reimbursed for any eligible prescription costs they paid during that time.

Families do not have to apply for this retroactive reimbursement; it is calculated automatically after the end of the calendar year.

In the spring of 2005, PharmaCare will send a letter to each individual or family who qualifies for reimbursement. The letter will advise them of the amount of the reimbursement and that the cheque has been issued.

What about registrants who have not submitted a consent form?

Without a registrant's (and, where applicable, their spouse's) signed consent form, PharmaCare cannot verify the family net income with the Canada Revenue Agency. The 2005 deductible for individuals or families who did not submit consent forms will default to the highest amount.

Can consent forms still be submitted?

Yes. We encourage all registered individuals and families to submit a consent form as soon as possible. When we receive the signed consent form(s), we will provide temporary financial assistance until such time as we are able to verify the family net income with the Canada Revenue Agency. When the net income has been verified, Fair PharmaCare financial assistance based on the actual family net income will come into effect.

If we receive the consent form in 2005 and can verify the family net income:

- all eligible prescription costs incurred from January 1, 2005, (or from the effective date of the patient's enrollment in the Medical Services Plan, whichever is later) will count towards the individual's or family's deductible; and
- if an individual or family reaches their deductible before their income is verified, all eligible costs that they have paid in excess of the deductible will qualify for retroactive reimbursement.

However, because PharmaCare cannot issue retroactive reimbursements until after the end of the calendar year, we recommend registrants submit their consent forms as soon as possible.

How can a registrant get a consent form?

Registered individuals or families can request a reprint of their consent form by:

- visiting the PharmaCare Web site at www.healthservices.gov.bc.ca/pharme; or
- calling the Registration Desk at 1-800-387-4977 Monday to Friday from 8 a.m. to 8 p.m., or Saturday and Sunday, from 8 a.m. to 4 p.m.

Responding to patient enquiries regarding Fair PharmaCare

When families register on-line or by phone, immediate temporary Fair PharmaCare financial assistance can be provided. Processing paper Fair PharmaCare registration forms can take up to eight weeks.

If a patient enquires about Fair PharmaCare, please provide them with the "Are You Registered?" information slip which includes the:

- PharmaCare Web site address for on-line registration; and
- toll-free phone number for registering by phone.

To request copies of the "Are You Registered?" information slip, please contact the PharmaNet HelpDesk.

Low Cost Alternative (LCA) Drug Shortage Procedures

A Low Cost Alternative (LCA) drug shortage is defined as a manufacturer shortage of all full benefit products of a particular dosage form (such as tablets or chewable tablets) and strength within an LCA category.

If your pharmacy has depleted its stock of a full benefit LCA product:

1. Refer to the LCA/RDP Booklet to see if there is another full benefit product of the same dosage form and strength. If another full benefit is available, dispense that product.

2. If there are no other full benefit products listed, or if your supplier cannot provide any full benefit product of the same dosage form and strength, please verify that there is a shortage with the manufacturer, not only with your supplier.

   If the shortage is with your supplier, please contact other suppliers.

3. If there is a manufacturer shortage, contact the PharmaNet HelpDesk.

   - If this is the first report of the shortage, the HelpDesk will confirm the shortage with the manufacturer.

     If your pharmacy must fill a prescription urgently, the HelpDesk may enter a temporary Pharmacy Special Authority (SA) enabling your pharmacy to dispense an alternate product (same dosage and strength) as a full benefit immediately.

   - Otherwise, when the shortage is confirmed, the HelpDesk will enter an open-ended Pharmacy SA enabling your pharmacy to dispense an alternate product (same dosage and strength) as a full benefit for the duration of the shortage.

     A Pharmacy SA allows you to dispense the alternate medication as a full benefit product to any patient of your pharmacy.

     Only the alternate product identified by PharmaCare will adjudicate as a full benefit and only if your Pharmacy SA is in place when the drug is dispensed.

4. When the manufacturer shortage ends, PharmaCare will contact you to advise you that your Pharmacy SA is being terminated and that you should resume dispensing the original full benefit product.

Note: Manufacturers use the term "short" to describe a drug that has a short shelf life. This term should not be confused with the availability of the product.

PharmaCare Audit Update

Reminder - Quantity Errors

Entry of the appropriate unit quantity for a medication is critical to the correct adjudication of a claim and directly affects the paid amount. Quantity errors are subject to audit and recoveries are required if an overpayment by PharmaCare occurs because a pharmacy has entered an incorrect quantity.

Please check your system and make any necessary corrections to the appropriate units for each drug type as soon as possible. Prompt correction of any quantity errors will decrease potential audit recovery amounts in the future. Follow-up audits will be conducted to ensure compliance.

Quantity error Desk Audits currently in progress are:

- Remicade® – enter in vials (not in mls.)
- Didrocal® – enter in number of tablets (not in number of kits)
- Enbrel® – enter as number of kits (not in vials or mls.)

Upcoming quantity error Desk Audits include:

- Rebetron® – Please note that this is a retrospective audit. The drug is no longer available. The audit will address past quantity errors in which Rebetron® was not entered as the number of kits.
- Desmopressin® – enter in ml per bottle (2.5) (not by number of bottles).
- Avonex® – enter in number of kits (not vials or mls.).

Other quantity errors that have come to the attention of the audit team recently, include:

- Botox® PWS INJ 100units/vial – enter in vials (not mls.).
- Tobi® - enter in ampoules (not mls.).
- Tobramycin® inj USP – enter in vials (not mls.).

Compound Audits and Special Authorities

During two recent audits, the auditors found that Special Authorities (SAs) were not in place for many paid claims for compounded prescriptions. Audits of compounds use simple random sampling; errors from the sample claims are extrapolated over the entire population of compound claims for a pharmacy. This method allows the audit team to efficiently determine errors and the resulting PharmaCare overpayments.

In the two recent audits, the error rate resulting from an SA not being in place for claims for compounded prescriptions was as high as 40%. This translates to 40% of the total paid claims for

compounded prescriptions being subject to audit recovery. If the total of paid claims for compounded prescriptions for the audit time period were $10,000, the audit recovery would be $4,000.

Many errors involved claiming a non-benefit using a PIN for a compound. If an SA had been in place, no error would have occurred. PharmaCare Newsletter 04-008, page 4, details the SA requirements for compounds.

Please be sure to include both an SA request form and the detailed cost breakdown and calculation when applying for an SA for a compound. Please also ensure that you record how the calculation was done and keep a copy of the documentation.

Further audits of compounded prescriptions are planned.

Refilling Prescriptions On The Same Day - PRN Claims

Section 10.4.5 of the PharmaCare/PharmaNet: Policies and Procedures manual states:
"PharmaCare will not provide coverage for multiple prescriptions for the same DIN/PIN at the same pharmacy on the same day for the same patient, unless an appropriate intervention code is entered."

A recent audit of same day/same drug claims revealed that the pharmacist was submitting claims using the "LTC" (Long-Term Care) intervention codes MX or MY to refill a prescription on the same day. The claims were for residents of facilities that were not LTC facilities and the patients were not, therefore, on Plan B.

The difficulty proved to be that, like LTC facilities, these facilities require "compliance packaging" for their residents. When a prescription for a regular dose plus a "take as needed" (PRN) supply was submitted to the pharmacy, claiming the PRN portion presented a dilemma for the pharmacist.

In these cases, pharmacists should dispense separate compliance packaging of the PRN portion. When entering the claim for the separate PRN portion, to permit the correct adjudication of the same day/same patient PRN supply, use the intervention code CD - Therapeutic Duplication.

Please also remember that the same day fill of the PRN claim, as with any other claim, must be supported by the physician's authorization which must be retained in your pharmacy's prescription file.

Please do not use the intervention codes MX or MY for claims other than those for residents of licensed LTC facilities (Plan B).

Regional Random Audits 2004

PharmaCare Audit performs onsite audits in all regions of the province. Sites for these audits are selected randomly within one of the provincial Health Service Delivery Areas. In 2004, auditors visited the East Kootenay, Northwest, Northern Interior and Northeast regions of the province.

There are two objectives for the regional audits:

- Actual Acquisition Cost (AAC) audits
- Prescription Verification audits

In an AAC audit, invoices for the top 10 drugs dispensed by the pharmacy are reviewed and the invoice price is compared to the PharmaCare paid price. Claims paid in excess of AAC policy requirements are subject to recovery.

Prescription verification audits involve the audit of a randomly selected sample of about 150 claims from the previous year. Auditors review the supporting documentation in the pharmacy's prescription file. Claims without supporting documentation are subject to recovery.

For each of the eight regional random audits performed in 2004, the auditors were onsite for two to three days. The audits found a few minor discrepancies with respect to AAC. For all claims reviewed, proper supporting documentation had been retained on file.

Note that a Final Audit Report is issued even when an audit does not result in a recovery. PharmaCare Audit provides the usual 30-day response period to give the pharmacy manager an opportunity to review and comment on the report.

During the audits, pharmacy managers and staff were extremely helpful and we thank them for their cooperation.

Exceptions to Reimbursement at Actual Acquisition Cost

Please note that the following products are not reimbursed at Actual Acquisition Cost. Please submit claims for these products as follows:

PRODUCT	IN DRUG COST FIELD	DISPENSING FEE
Insulin	Regular retail price	No
Needles & syringes for insulin therapy	Regular retail price	No
Eligible ostomy supplies	Regular retail price	No

Note: Blood Glucose Monitoring Strips are reimbursed at Actual Acquisition Cost plus a dispensing fee (up to the PharmaCare maximum fee).

Special Services Fees

The number of Special Services fees paid by PharmaCare over the past twelve months are:

DATE	NO. OF FEES	DATE	NO. OF FEES
Oct 2004	3,513	Apr 2004	3,173
Sep 2004	3,415	Mar 2004	3,232
Aug 2004	3,099	Feb 2004	2,826
July 2004	3,096	Jan 2004	3,232
Jun 2004	3,401	Dec 2003	3,932
May 2004	3,206	Nov 2003	3,598

Low Cost Alternative (LCA) Program / Reference Drug Program (RDP) Updates

New Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Plans B, C, F, I, and, if applicable, Plan G.

DIN	MAN	DRUG NAME	FULL OR PARTIAL BENEFIT
2248728	APX	* Apo-Alendronate Tablets 10 mg	Partial
2245898	APX	* Apo-Cyproterone Tablet 50 mg	Partial
2250055	APX	Apo-Dexamethasone Tablets 4 mg	Partial
2248973	APX	* Apo-Meloxicam Tablets 7.5 mg	Partial
2248974	APX	* Apo-Meloxicam Tablets 15 mg	Partial
2248540	APX	Apo-Tryptophan Cap 500 mg	Partial
2248259	GPM	** Gen-Gabapentin Cap 100 mg	Partial
2248260	GPM	** Gen-Gabapentin Cap 300 mg	Partial
2248261	GPM	** Gen-Gabapentin Cap 400 mg	Partial
2243475	NOP	Novo-Ofloxacin Tablets 300 mg	Partial
2243476	NOP	Novo-Ofloxacin Tablets 400 mg	Partial
2251450	NOP	* Novo-Zopiclone Tablets 5 mg	Partial
2251469	NOP	* Novo-Zopiclone Tablets 7.5 mg	Partial
2252619	PMS	PMS-Simvastatin Tablets 5 mg	Partial
2252635	PMS	PMS-Simvastatin Tablets 10 mg	Partial
2252643	PMS	PMS-Simvastatin Tablets 20 mg	Partial
2252651	PMS	PMS-Simvastatin Tablets 40 mg	Partial
2252678	PMS	PMS-Simvastatin Tablets 80 mg	Partial
2252309	RPH	* Ratio-Carvedilol Tablets 3.125 mg	Partial
2252317	RPH	* Ratio-Carvedilol Tablets 6.25 mg	Partial
2252325	RPH	* Ratio-Carvedilol Tablets 12.5 mg	Partial
2252333	RPH	* Ratio-Carvedilol Tablets 25 mg	Partial
2250608	RXP	Rhoxal-Mirtazapine Tablets 30 mg	Partial
2247692	SIL	Sab-Anuzinc HC Plus Ointment	Partial
2242733	LON	Lin-Fosinopril Tablets 10 mg	Partial
2242734	LON	Lin-Fosinopril Tablets 20 mg	Partial

* Requires Special Authority (please refer to the PharmaCare Web site for criteria).

** Requires Special Authority for Plan G only.

New LCA Categories

Please be advised that the following drugs (including both existing PharmaCare benefits and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective January 21, 2005.

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
Amcinonide Ointment 0.1%	2247096	RPH	Ratio-Amcinonide Ont 0.1%	F	
	2192268	STI	Cyclocort Ont 0.1%	P	$0.2844
Amcinonide Lotion 0.1%	2247097	RPH	Ratio-Amcinonide Lotion 0.1%	F	
	2192276	STI	Cyclocort Lotion 0.1%	P	$0.2356
Carbidopa/Levodopa	2245211	APX	Apo-Levodopa Cr Tab 200/50	F	
50 mg/200 mg	870935	UNK[1]	Sinemet CR 200/50	P	$0.3807
Hydroxychloroquine	2252600	GPM	Gen-Hydroxychloroquine Tab 200 mg	F	
Tab 200 mg	2246691	APX	Apo-Hydroxyquine Tab 200 mg	F	
	2017709	SFY	Plaquenil Tab 200 mg	P	$0.3807
Metoprolol Tartrate Tab 25 mg	2248855	PMS	Pms-Metoprolol-L	P	$0.0632
	2246010	APX	Apo-Metoprolol Tab 25 mg	P	$0.0632
* Ofloxacin Ophthalmic Solution USP 0.3%	2248398	APX	Apo-Ofloxacin Ophthalmic Solution 0.3%	F	
	2143291	ALL	Ocuflox – Liq Oph 0.3%	P	$1.0295
Ranitidine HCL Oral Solution 15 mg/ml	2242940	NOP	Novo-Ranidine Soln 15 mg/ml	F	
	2212374	GOW	Zantac Syrup 15 mg/ml	P	$0.1354
Ofloxacin Tab 200 mg	2231529	APX	Apo-Oflox	F	
	2243474	NOP	Novo-Ofloxacin	P	$1.3535
Trifluridine Drops 0.1%	2248529	SIL	Sab-Trifluridine Drops 1%	F	
	687456	GOW	Viroptic Drops 1%	P	$3.3904
Amiloride HCL Tab 5 mg	2249510	APX	Apo-Amiloride Tab 5mg	F	
	487805	UNK[1]	Midamor Tab 5 mg	P	$0.2078

*Requires Special Authority (please refer to the PharmaCare Web site for criteria).

[1] UNK Merck Frosst

LCA/RDP Booklet Changes

Please be advised that, effective immediately, the following changes have been made to LCA Category prices (partial reimbursement prices) and/or the benefit status of drugs within an LCA category.

CATEGORY		NEW LCA PRICE	NEW STATUS
Salbutamol AER INH 100 MCG			
2244914	Ratio-Salbutamol HFA 100 mcg/dose		F
2232570	Airomir INH 100 mcg	$0.0242	P
2245669	Apo-Salvent CFC Free 100 mcg		F
Betamethasone Crm 0.05%		$0.0634	
Betamethasone Crm 0.1%		$0.0945	
ASA/Caffeine/Butalbital Tab 330 mg		$0.5230	
ASA/Caffeine/Butalbital Cap 330 mg		$0.5230	
Codeine 15/ASA/Barbiturate/Caff Cap		$0.5605	
Codeine 30/ASA/Barbiturate/Caff Cap		$0.6866	

Benefits

The following new products are now eligible PharmaCare benefits for Plans B, C, F, I and, if applicable, Plan G.

DIN	MAN	DRUG NAME
2250594	RXP	Rhoxal-Mirtazapine Tablets 15 mg

Non-Benefits

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	MAN	DRUG NAME
2248727	APX	Apo-Alendronate Tablets 5 mg

Orthotic Repairs

The following new Product Identification Number (PIN) has been created on PharmaNet for repairs of children's orthotic braces.

- Orthotic Repairs - 77123504